

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521420

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4								54					
5		2						55					
6		2						56					
7		4						57					
8		4						58					
9		3						59					
10		3						60					
11		1						61					
12		1						62					
13		4						63					
14		4						64					
15		4						65					
16		4						66					
17	1							67					
18	1							68					
19	1							69					
20	1	1						70					
21	1	1						71					
22	1							72					
23	1							73					
24	2							74					
25	2							75					
26	3							76					
27	3							77					
28	1							78					
29	1							79					
30	1							80					
31	1							81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.													
TOTAL CLAIMS	9												